



**Town of Matthews – Crews Recreation Center  
Gym Rental Request Form**

*(A minimum of 20 working days prior to the rental date may be required in order to schedule staff for the rental)*

**PLEASE FILL OUT ALL THAT APPLYS TO YOUR RENTAL**

**RENTAL INFORMATION:**

Date(s) for usage: Month \_\_\_\_\_ Day(s): \_\_\_\_\_ Year: \_\_\_\_\_ Time : \_\_\_\_\_

**Rental time includes set up and clean up for event/program.** List requested number of weeks and any additional dates that apply to this rental:

\_\_\_\_\_

Number of attendees: \_\_\_\_\_ Adults: \_\_\_\_\_ Children: \_\_\_\_\_

Type of Event: Personal: \_\_\_\_\_ Business: \_\_\_\_\_ Non-Profit: \_\_\_\_\_ 501c3: \_\_\_\_\_ (attach copy of IRS letter)

Other: \_\_\_\_\_

Will there be an admission fee or donation: YES \_\_\_\_\_ NO \_\_\_\_\_ Amount \$ \_\_\_\_\_

Detail outline of the event:

\_\_\_\_\_  
\_\_\_\_\_

**GYMNASIUM: SPACE REQUESTED:**

Full Court: \_\_\_\_\_ Half-Court: \_\_\_\_\_

**RENTER/ REQUESTER INFORMATION:**

Name of Organization: \_\_\_\_\_ If non-Profit provide TAX ID: \_\_\_\_\_

Requester Name: (First, Last) \_\_\_\_\_

Address: Number and Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**BUSINESS INFORMATION:**

Name of Company: \_\_\_\_\_ Is this rental for business purposes? \_\_\_\_\_

Address: Number and Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Extension No. \_\_\_\_\_ E-Mail: \_\_\_\_\_

**OFFICE USAGE:**

Date/Time Request Received: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Date Approved: \_\_\_\_\_ Available? YES \_\_\_\_\_ NO \_\_\_\_\_